Special Event Permit Application



Summary of Event:

This section of the permit application is intended to provide the Special Events Permit Committee with an overview of your event. Information you provide in this section is public information and may be used in developing the City of Scottsdale's Calendar of Special Events including but not limited to electronic and internet formats.

	SU	MMARY	OF EV	/ENT	
Event Name:					
Event Location & Address:					
Has this event occurred in the p	oast? Y	'ES	NO	Yes, when	
Are there any major changes from	om previous e	vents? Y	ΈS	NO	
If yes, please explain					
_					
	ICANT / SPO				
The applicant for the Special Event Permit must be the authorized representative of the organization/business conducting the special event. This person must be available to work with the City's Special Event Permit Committee throughout the permitting process. A professional event organizer, or other representative, may apply for the Special Event permit on behalf of the organization/business provided that a letter of authorization is obtained from the authorized representative. The letter of authorization must be attached to the application.					
Applicant Name:					
Office:	Mobile:			Pager:	
Fax:	Email:			Home:	
On-site Event Coordinator Nam	e (responsible	e party).			
Office:	Mobile:	, pa.ty).		Pager:	
Fax:	Email:			Home:	
Event Sponsor(s):					
Name of Charitable organization	n(s) – if applic	cable:			
Contact at Charity:			Р	Phone:	

NARRATIVE

A detailed narrative to describe your event and its site plan or route is required to assist the Special Events Permit Committee to understand your event. Please describe all activities and provide a timeline of your event if you are a moving venue (i.e. run, parade, etc.) Provide a description of parade/run/march including street and lane closures. Attach the proposed route and barricade plan and indicate the start and finish areas. Please attach the narrative and/or timeline below or attach the narrative/timeline on separate sheet(s) to your application. A scaled and complete site plan should be provided for your event. Please include the location of all onsite buildings and parking areas, the location of the existing fire lanes; the proposed locations and dimensions of all tents, fences, stages and bleachers; and the location and type of all speakers, signs, and inflatables.

EVENT DATES AND HOURS OF OPERATION

	OF OFERATION					
	<u>Date</u>	Day of week	Hours from an	n/pm	to am/pm	
Setup:						
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Dismantle:						
Anticipated Att	endance:	Per Day	At One Time	Total		

IF YOU ANSWER YES TO ANY OF THE QUESTIONS ON THIS CHECKLIST, PLEASE COMPLETE THE CORRESPONDING SECTION(S). SUBMIT ONLY YOUR APPLICATION AND THE SECTION(S) RELATED TO YOUR EVENT. PLEASE MARK N/A FOR QUESTIONS THAT DO NOT APPLY TO YOUR EVENT.

	YES NO N/A	SECTION 1 ORGANIZATIONAL STATUS/PROCEED/REPORTING
1.		Is the host organization a commercial entity?
2.		Is the host organization a bona fide tax exempt, nonprofit entity?
3.		Are patron admission, entry or participant fees required?
4.		Are vendor or entry fees charged? Contact Tax & License at (480) 312-2400 with questions.
	YES NO N/A	SECTION 2 - PUBLIC SAFETY/POLICE
1.		Will you need to hire off- duty police officers for security or to direct traffic? (if yes or no, complete section 2). Contact Sergeant Mike Reardon with the Police Dept. at (480) 312-4390 with questions.
2.		Will there be tents or canopies? Contact (480) 312-1853 with any questions.
3.		Is there a need for standby emergency medical staff paramedic(s)/emergency medical technician(s)?
4.		Will you require temporary fencing?

YES NO N/A

SECTION 3 PARKING AND TRAFFIC PLAN

1.		Will your event utilize a valet parking service?
2.		Do you have enough on-site parking to accommodate added traffic or parking spaces removed due to your event? Contact <u>Madeline Clemann</u> in the Transportation Dept. at (480) 312-2732 with questions.
3.		Will any parking for this event occur off the premises of the event?
4.		Will your event involve the use of a shuttle and/or alternate parking sites?
5.		Will you need a sign plan to show the placement of signs directing people to your event, a shuttle plan to show shuttle routes and pick-up/drop-off locations, or a barricade plan to show road or lane closures? Contact Walt Brodzinski in Traffic Engineering at (480) 312-7757 with questions.
6.		Will you be impacting the area within 50 feet of a bus stop or trolley stop or closing a street on which buses or trolleys operate? Contact Debra Astin at (480) 312-2526 with questions.
7.		Will any part of your event (people, booths, vehicles, equipment) take place in the public street?
8.		
8.		
-		SECTION 4
-	YES NO N/A	SECTION 4 ENTERTAINMENT AND RELATED ACTIVITIES
1.	YES NO N/A	
1. 2.	YES NO N/A	ENTERTAINMENT AND RELATED ACTIVITIES
	YES NO N/A	ENTERTAINMENT AND RELATED ACTIVITIES Are there any musical entertainment features related to your event?
2.	YES NO N/A	ENTERTAINMENT AND RELATED ACTIVITIES Are there any musical entertainment features related to your event? Will sound checks be conducted prior to the event?
2.	YES NO N/A	ENTERTAINMENT AND RELATED ACTIVITIES Are there any musical entertainment features related to your event? Will sound checks be conducted prior to the event? Will sound amplification be used? Do you plan to have a patron dance component to either live or recorded music
 3. 4. 	YES NO N/A	ENTERTAINMENT AND RELATED ACTIVITIES Are there any musical entertainment features related to your event? Will sound checks be conducted prior to the event? Will sound amplification be used? Do you plan to have a patron dance component to either live or recorded music at your event?
 2. 3. 4. 5. 	YES NO N/A	Are there any musical entertainment features related to your event? Will sound checks be conducted prior to the event? Will sound amplification be used? Do you plan to have a patron dance component to either live or recorded music at your event? Will inflatables, hot air balloons or similar devices be used at your event?
 2. 3. 4. 5. 6. 	YES NO N/A	Are there any musical entertainment features related to your event? Will sound checks be conducted prior to the event? Will sound amplification be used? Do you plan to have a patron dance component to either live or recorded music at your event? Will inflatables, hot air balloons or similar devices be used at your event? Does your event include fireworks, rockets, lasers or other pyrotechnics?

	YES NO N/A	SECTION 5 - TAX / LICENSE
1.		Does your event include food concession and/or preparation areas?
2.		Will any items, such as beverages, clothing, art, CD's, etc., be sold during your event?
3.		Are you renting boothes or charging entry fees?
	YES NO N/A	SECTION 6 – ALCOHOL
1.		Does your event involve the serving or sales of alcoholic beverages?
2.		Will you need to apply for a special event liquor license? (If using a 501 C-3 organization). To obtain an application call Tax & License at (480) 312-2400 or go on line: http://www.scottsdaleaz.gov/licenseguide/licensecatalogdetail.asp?t=sel
3.		Have you applied for your special event liquor license?
4.		Will you need to apply for an extension of premises? (if an existing business has a liquor license on the property – To obtain an application call Nicole Curtis at (480) 312-7673 or go on line: http://www.azll.com/a-forms/EXTENSIONOFPREMISESPATIOPERMIT.pdf
5.		Have you applied for your extension of premises?
6.		Do you meet insurance requirements such as the 5 million dollar liquor liability? Contact <u>Sue Welch</u> in Risk Management at (480) 312-2509 with questions.
-	YES NO N/A	SECTION 7 - SANITATION
1.		Do you have a plan for cleaning up after your event?
2.		Do you plan to provide portable restroom facilities at your event?

APPLICANT'S AUTHORIZATION

To the extent allowed by law, Applicant agrees to defend, indemnify, and hold harmless the City of Scottsdale, its agents, officials, and employees from and against all claims, damages, losses, injuries, illness, accidents relating to, arising out of or resulting from the use of this Special Event application and the information contained therein, and its resulting permits.

Applicant acknowledges that the information provided in this application is true and accurat the best of Applicant's knowledge and belief.		
Signature and Title of Applicant	Date	
Print Name and Title of Applicant		



SECTION 1 Organizational Status/Proceeds/Reporting

If the host organization is a bona fide tax exempt, nonprofit entity, you must attach a copy of your

status.	temption letter providing proof and certifying your current tax exempt, nonprofit				
If patron admission, entry or participant fees are required, please provide amounts:\$.					
If vendor or other	fees are required, please provide amounts: \$.				
\$	Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event. Please explain how this amount was computed.				
\$	Estimated expenses for this event.				
\$	What is the project distribution or net dollar amount the host organization will receive from this event?				



SECTION 2 PUBLIC SAFETY/POLICE

As an event organizer, you are required to provide a safe and secure environment for your event through sound preparation and anticipating potential concerns. The Police Department has the final authority to al

Events Liquor License and extension of pre	s. This includes the security provided for applications for Special emises, if applicable. Please describe your security plan venue safety, number and location of security staff, etc. Attach
Security Company – if applicable	
Contact:	Phone:
If there is not a need for off-duty police offic they are not needed:	ers and/or private security at your event, please explain why
private security officers. Please note that so	ice officers, off-duty police officers from another agency, and or ome event or venues may require Scottsdale off-duty police formation. Please check the appropriate box(es) and provide
I plan to hire Scottsdale off-duty police o Estimated number of officers	fficers. (For rate and contract information call 480-312-4385).
I plan to hire private security off-duty pol Estimated number of private security offi	

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SECTION 2 PUBLIC SAFETY/FIRE

If there will be tents or cano	pies, please complete	e the following:		
Number of tents:	or canopies:			
Note: Tents over 200 square to permit. Your tent supplier will				nit.
Tent Supplier:		Contact:	Phone:	
*You must include a site pla	n, which indicates ex	act locations and din	nensions of tents/canopies.	
Medical Standby				
The Fire Department requests the event is anticipated to exce		rgency medical standb	y when the daily attendance o	of
If there is a need for standby e provide the name of the agence				er:
Agency/Company Name:				
Contact:		Р	hone No.:	
Please show any temporary fe information regarding tempora		run/parade/march) plai	n and provide the following	_
Fencing Company Name:				
Contact:			Phone No.:	
Address:				



streets.

SECTION 3 PARKING AND TRAFFIC PLAN

If your event will utilize a valet parking service, please indicate name and contact number for valet

company: The Downtown area requires the valet company to have a Scottsdale Valet License (available through Scottsdale Tax & License Division.
A valet parking plan must be included with this application.
Company Name:
Company Contact:
License Number:
Downtown area requires the valet company to have a Scottsdale Valet License (available through Scottsdale Tax & License Division.
If your event will involve the use of a shuttle and/or alternate parking sites, please describe the location and submit a written agreement of the affected property owner.
If any part of your event (people, booths, vehicles, equipment) take place in the public street, Please describe below any sidewalk, lane and/or street closures proposed with your special event. (Note: Street closures require notice and acknowledgment of impacted parties in the area.)
Please provide the specific street segments that are proposed to be closed.
If there is a need for City off-duty police officers to control traffic, please describe all the required and the estimated number of officers for each location (Scottsdale Police Department will determine the final number. Only sworn police officers can direct traffic on public streets):
If NO, please describe why the event will not have a significant impact on the surrounding public

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attach an example(s).

Note: All signage and banners are subject to Zoning Ordinance provisions.

SECTION 4 ENTERTAINMENT AND RELATED ACTIVITIES

Please note that neighborhood notification will be required if you propose to have off-site parking, outdoor amplified sound, fireworks, street closures, etc. Your notice must include a complete and detailed description of your event, contact person and a phone number that people can call.

of your event, contact person and a phon	e number that people can call.
Number of Stages: Number of Performers: Performer name and music type:	
If sound checks will be conducted prior to	o the event, please indicate:
Start Time	Finish Time
If sound amplification will be used, please	e indicate:
Start Time	Finish Time
•	Downtown must cease by 11:00 PM, elsewhere in the city it is blished with the conditions included in the Special Event permit.
If you are planning to have a patron da please describe:	nce component to either live or recorded music at your event,
Describe the sound equipment used for	r the event:
If your event includes fireworks, rocket	s, lasers or other pyrotechnics, please describe:
If your event includes sexually oriented	d activity (including any type of nudity) etc., please describe.
Specifically, what type and how many in your event? i.e. fly guy(s)	nflatables, hot air balloons or similar devices will be used at
If your event includes signs, banners, o	decorations or special lighting, please describe below and

Please describe the portable power generator which will be used for the event and the location.



SECTION 5 FOOD/CONCESSIONS

If your event includes food concessions and/or preparation areas, please describe how food will be served and/or prepared.

If, any items, such as beverages, clothing, art, etc., will be sold during your event, please provide a complete list of vendors. (Attach additional sheets if needed). Note: Each vendor will require a transaction privilege tax license to report sales tax. If tables/booths are rented to vendors, a transaction privilege tax license is required for rental fees. A vendor list must be submitted to Tax & License Registration 45 days prior to the event. The list must be updated bi-weekly.

Contact Tax & License at 480-312-4322 or 480-312-7932.

BUSINESS & VENDOR NAME:

PHONE#:

ADDRESS:

SCOTTSDALE LICENSE NO.: (Or license application date)



SECTION 6 ALCOHOL

If you plan to sell or furnish alcoholic beverages at your event you will be required to obtain a separate Special Event Liquor License with the City of Scottsdale and the Arizona Department of Liquor Licenses and Control, or Extension of Premises Permit through the Arizona Department of Liquor Licenses and Control. The special event liquor application must be submitted to the City of Scottsdale Tax & License Registration Office (480) 312-2400 at least 21 days prior to the event. In addition, you will be required to provide Liquor Liability insurance in amounts commensurate with your event. Liquor Liability insurance must name the City of Scottsdale as Additional Insured. Required coverage and limits will be at the discretion of the City's Risk Management Division depending on the size and scope of the event.

If your event involves the serving or sales of alcoholic beverages, please check all that apply:

Any Free Alcohol Provided by Host Beer and Wine

Alcohol Sales Beer, Wine and Distilled Spirits

Host and Sale Alcohol

The Arizona Department of Liquor Licenses and Control has adopted standards for alcohol training programs for servers (See Arizona Administrative Code, Title 19).

Has your organization, business and/or serving personnel completed an alcohol serving training program?

Yes No

If you are applying for a Special Event Liquor License, please provide the following information:

Name of charity: IRS 501c #

Fraternal, civic, political or religious organization:

Percent of proceeds from special event liquor license given to charity, fraternal, civic, political or religious organization listed above % (Must be a minimum of 25%)

Percent of proceeds for event operator(s) % (Proceeds to organization and event operator must equal 100%).

Insurance requirements for Special Event Liquor Licenses on City Property:

Event at any City owned building that is walled and fenced with controlled access:

Liquor Liability Requirement: \$1,000,000 each Common Cause, \$1,000,000 Annual Aggregate.

Event at City owned parking lot, park, open air structure:

- Liquor Liability Requirement: \$5,000,000 each Common Cause, \$5,000,000 Annual Aggregate.
- Note: Scottsdale Cultural Council, Scottsdale Stadium, and Westworld have existing and exclusive liquor vendors. Any change from an exclusive liquor vendor requires a waiver.

Event on City-owned (public) streets, sidewalks, rights-of-way, and all extensions from an existing licensed liquor establishment into public rights-of-way, sidewalk or street:

Liquor Liability Requirement: \$5,000,000 each Common Cause, \$5,000,000 Annual Aggregate.



SECTION 6 ALCOHOL

Temporary Extension of Premises Permit:

A permit is required by the Arizona Department of Liquor Licenses & Control in order to temporarily expand or enlarge the area, which is covered by your current liquor license. This permit is reviewed by the City of Scottsdale and a recommendation is made to the State. Provide a copy of your completed application with this Special Event Permit Application. The temporary extension of premises application may be obtained at Development Services, 7447 E. Indian School Road, Suite 100, or at the Arizona Department of Liquor Licenses and Control, 800 W. Washington 5th Floor, Phoenix or on line at http://www.azll.com/a-forms/EXTENSIONOFPREMISESPATIOPERMIT.pdf

Describe your security plan to ensure the safe sale or distribution of alcohol at your event: (attach additional sheet(s), if necessary.

PLEASE NOTE:

If your event includes a temporary extension of premises, you must obtain an occupant load for your extension from the Fire Department. Please include a detailed site plan showing the location of the extension of premises requested, and any tables and chairs, stage, bars, port a potties etc. within the extension. Also include length and width of extension of premises.

The detailed site plan is required to have dimensions of the length and width of the total area and the dimensions of the above stated items shown on the plan so that an accurate occupant load may be determined.



SECTION 7 SANITATION

Please describe y after your event:	our plan for the cleanup and removal	of recyclable go	ods, waste and garbage during and
Person/company r	responsible for cleanup:		
Phone:			
sufficient availabili	o provide portable restroom facilities ty of both ADA accessible and non-a vill be available to the public during y	ccessible facilitie	
If you plan to provid	le portable restroom facilities at your	event, provide to	tal number of portable toilets:
Number of ADA acc	cessible toilets:		
lf no, please explair	า:		
Restroom Company	y:		
Address:			Phone:
Equipment Set-up:	Date	Time	
Equipment Pickup:	Date	Time	



NOTICE AND ACKNOWLEDGEMENT OF SPECIAL EVENT

PLEASE PRINT THIS FORM AND SUBMIT ORIGINAL SIGNATURES.				
	e been briefed and understan	d understand the public right-of-way closure		
proposed on	(street name(s)			
on	(da	ys)		
We understand that (street name(s)				
will be unavailable for public parking. Parking lots in the area will be available and have appropriate signage. Traffic control will be provided by City and event staff				
(time before & after event)				
Customer questions can be directed to				
(name, title, & phone number for event staff)				
We further state, by checking and signing the appropriate boxes below, that we approve or disapprove of the proposed closure. (NOTE: City approval of this closure will require 100% approval of the affected merchant or residential occupants.)				
PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED.				
Business Name	Address	Approve	Disapprove	Signature